

Aging Division

Wyoming Department of Health

Information and Education Bulletin

Subject: 2010 Continuation Grant Application and Training

Attention AoA Program Providers:

Due to the many changes in the continuation grant application, three (3) training sessions have been scheduled. These trainings will be held via Internet and conference call. For the audio portion of the training, please call 1-877-278-8686 and use participant code 712496. For the visual portion of the training, you will need to go to <http://meeting.health.wyo.gov>, download the software and select the meeting "Aging Division Grant Training". The training sessions are scheduled as follows:

- August 4, 2009 - Tuesday - 10:00 am to noon
- August 5, 2009 - Wednesday - 8:00 am to 10:00 am
- August 10, 2009 - Monday - 2:00 pm to 4:00 pm

The completed continuation grant application must be RECEIVED by 2:00 pm MDT on Friday August 21, 2009. NO late or faxed applications will be accepted. Application must be sent to:

Wyoming Dept of Health, Aging Division

6101 Yellowstone Road, Suite 259B

Cheyenne, WY 82002 (use 82009 if sending by FedEx or UPS).

If you are unable to attend one of the training sessions or if you need additional assistance, you can contact the Aging Division at 1-800-442-2766 or wyaging@health.wyo.gov. The slides and the audio for the training presentation have been uploaded to the Aging Division's web site: <http://www.health.wyo.gov/aging/grants.html>

[Powerpoint Presentation](#) [Audio of Presentation](#)

The current grant applications are posted to the Aging Division's web page at:

<http://www.health.wyo.gov/aging/grants.html>

Current Grant Applications

2010 Title III Continuation Grant Forms

[Title III-B](#)

[Title III-C1](#)

[Title III-C2](#)

[Title III-D](#)

[Title III-E](#)

Thank you for your ongoing service to Wyoming's older and disabled adults, and their caregivers.

Rev: 07-31-2009



Aging Needs Evaluation Summary and Information Release Form

I hereby give my permission for _____ to share information contained in
[Service Provider(s)]

the Aging Needs Evaluation Summary and other program documentation with the Aging Division and other affiliated service providers for the purpose of eligibility and benefit payment. Further, I understand that:

- By agreeing to take part in this program I give my permission to the service provider(s), Wyoming Department of Health (WDH), Aging Division, and the Administration on Aging (AoA) to share information obtained for the purpose of program evaluation and oversight.
- Information received will otherwise be treated as confidential and will only be made available to others in accordance with the requirements of law.
- Services provided through this program are subsidized through funding obtained from the Aging Division of the Wyoming Department of Health and failure to complete this release will disqualify me from assistance.
- I may revoke this release at any time except to the extent that action has been taken in reliance on it, and that in any event this release expires automatically one year from the date of my signature.
- If I refuse to consent to this release for the purposes described above, I may be required to pay for any benefits I have received or be solely responsible for payment of services.
- I may be asked to make a voluntary contribution to offset partial costs of this program. I further understand my inability to make a voluntary contribution cannot be used to deny services.
- If I am wrongfully denied program services, I may be entitled to a hearing.
- I have the right to inspect and/or obtain a copy of my record including an accounting of any disclosures made from my record.
- If I feel information in my record is invalid, I may make a written request for an amendment of the record.
- I have been provided a copy of this form.
- If I feel I have been treated inappropriately, services have not been of the quality expected and/or not provided as stated in the service plan; I may contact the Wyoming Long Term Care Ombudsman at (307) 322-5553 or the WDH Aging Division at (800) 442-2766.

For additional information regarding the Wyoming Department of Health's privacy policy, visit the WDH Department's HIPAA website: <http://www.health.wyo.gov/main/hipaa.html> or call De Anna Greene, WDH HIPAA Compliance Officer at (307) 777-8664.

Client's Name (Printed): _____

Client or Representative's Signature: _____ Date: _____

Authority and Relationship of Representative (if any) to sign on Client's behalf _____

Project Representative: _____ Date: _____

Determine Your Nutritional Health

The SAM's program automatically adds the point values from the Nutrition Questions to determine if the nutritional risk of the client is "high" and the point value will show on the completed and printed copy. If the score is 6 or more, the program will automatically put "Yes" in the High risk question. However, the numerical values will not print on the non-completed hard copy. The table below is designed to help you determine the client's nutritional risk category (There is no "moderate" in the SAMS program).

Nutritional Risk Score	Nutrition Risk	Action
0-2	Low	Recheck in 6-12 months
3-5	Moderate	Recheck in 3-6 months Provide "Eating Well as We Age Brochure" or similar information.
6 or more	High	Provide the client a copy of the checklist for them to take to their health professional. Talk with the client about ways to improve their nutritional status.



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